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FEB 20 2006

Attorney Docket No.: 5200.220-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Svendsen et al.

Confirmation No: 1715

Serial No.: 09/732,350

Group Art Unit: 1652

Filed: December 7, 2000

Examiner: Pak, Yong D

For: Laccase Mutants

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application in response to the Office Action mailed September 8, 2005.

It is respectfully requested that the time for response to the Office Action be extended for a period of 3 months from December 8, 2005 to March 8, 2006. The required fee for the extension is estimated to be \$1,020.

No additional claims fee is required.

Please charge the required extension and claims fees, estimated to be \$1,020, to Novozymes North America, Inc., Deposit Account No. 50-1701. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: February 20, 2006

Adjustment date: 10/12/2006 CKHLOK
02/23/2006 WABDELRI 00000031 501701 09732350
01 FC:1253 1020.00 CR

Adjustment date: 10/12/2006 CKHLOK
02/22/2006 EFLORES 00000028 501701 09732350
01 FC:1255 2160.00 CR

Jason J. Garbell, Reg. No. 44,116
Novozymes North America, Inc.
500 Fifth Avenue, Suite 1600
New York, NY 10110
(212) 840-0097

02/23/2006 WABDELRI 00000031 501701 09732350
01 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>10/10/06</u>		2 Serial/Patent # <u>09/732,350</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
<input checked="" type="checkbox"/>	Extension of Time 1253 & 1255		02/20/06	\$ 3,180.00								
	Notice of Appeal/Appeal			\$								
	Petition			\$								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$3,180.00							
			8 TO BE REFUNDED BY:									
			Treasury Check									
			X Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td></tr></table>			5	0	--	1	7	0	1
5	0	--	1	7	0	1						
10 REASON:												
<input checked="" type="checkbox"/>	Overpayment											
	Duplicate Payment											
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u></u>		PHONE: <u>571-272-3210</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u></u>		DATE: <u>10/12/06</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**